

Summer Playground Program for 6-10 years of age

The Concord Parks and Recreation Department's Summer Playground Program is a well rounded and diverse recreational opportunity that offers challenging activities, games, field trips, creative arts and crafts, outdoor adventure programs, site gatherings and much more! Also included are swimming twice a week at the John F. McInnis Aquatic Center and tennis lessons, at no additional cost. If you're looking for a cool place to spend the hot summer, join the Summer Playground Program, where the fun never stops!

General Information for 2013

The Summer Playground Program is a eight week program for 6 - 10 year olds. This program operates **June 17 to August 9, 2013**. We will be closed on July 4th.

Program Hours

7:30 a.m. until 6:00 p.m.,

Monday - Friday

Program Sites

There are three sites to select from:

- Hartsell Park - 60 Hartsell School Rd. NW
- Les Myers Park - 338 Lawndale Ave. SE
- Caldwell Park - 362 Georgia Ave. SW

Snacks & Lunches

Bring snacks, water bottle and lunch.

All three playground sites offer a morning snack and lunch through the Cabarrus County Schools' Summer Nutrition Program.

Registration Information

Registration will be available to all returning **2012 campers** on Wednesday, 1/16 and will be available two ways.

ONLINE REGISTRATION

www.concordparksandrec.org

Begins Wednesday, 1/16, 8:00 a.m. until midnight on 1/20. Assistance in online registration will only be available until 5:00 p.m.

WALK-IN REGISTRATION

Begins Wednesday, 1/16
8:00 a.m.—5:00 p.m.

Academy Recreation Center
147 Academy Ave. NW

Registration will open to new campers on Wednesday, 2/6 from 8:00 a.m. - 5:00 p.m.

by online and walk-in registration
Each playground will be filled on a first-come, first-served basis.
60 registered children per site.

Registration Fees

\$350.00/child for City of Concord residents
\$450.00/child for non-City residents

To qualify as a City resident, child must reside within the city limits of Concord. Fee includes trips and program offerings.

A deposit of \$100 is due at registration.

Balance is due by May 31ST.

No refunds will be given after

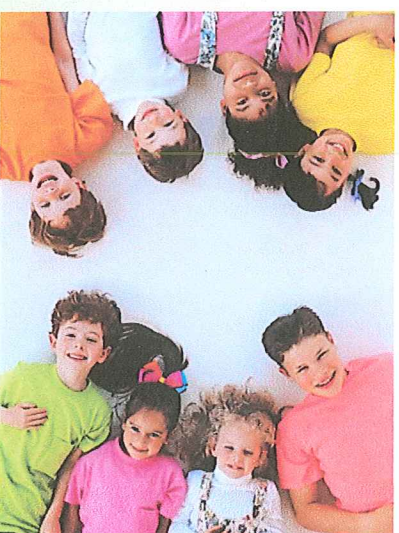
May 31ST. Registrations on or after

May 31ST must be paid in full at the time of registration

2013

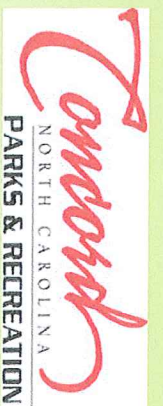
SUMMER PLAYGROUND

6-10 Year Old Program



Concord
NORTH CAROLINA
PARKS & RECREATION

For more contact information:
704-920-5600
recreation@ci.concord.nc.us
www.concordparksandrec.org



OFFICE USE: Park Site _____

Receipt # _____	Receipt # _____
Cash/Check # _____	Cash/Check # _____
Amount \$ _____	Amount \$ _____
Date _____	Date _____

SUMMER PLAYGROUND REGISTRATION - 6-10 YEAR OLD PROGRAM

PLEASE PRINT Park Site Requesting (Please check one) Caldwell Park _____ Hartsell Park _____ Myers Park _____

Child's Name

(First Name) _____ (Middle Name) _____ (Last Name) _____

Address _____

Telephone # _____ (City) _____ (Zip) _____

Date of Birth _____ Age _____ Male _____ Female _____

Must be between the ages of 6 and 10. We reserve the right to require birth certificates if deemed necessary.

Please provide the following CONTACT INFORMATION. List in contact order.

With whom does the child reside (please check): Mother _____ Father _____ Both _____ Other (specify) _____

Contact #1 (parent/guardian) name: _____ Relationship to child: _____

Address: _____ Daytime #: _____

Employer: _____ Evening #: _____

☐ This person has permission to pickup my child. Mobile/Pager #: _____

Contact #2 (parent/guardian) name: _____ Relationship to child: _____

Address: _____ Daytime #: _____

Employer: _____ Evening #: _____

☐ This person has permission to pickup my child. Mobile/Pager #: _____

Contact #3 name: _____ Relationship to child: _____

Address: _____ Daytime #: _____

Employer: _____ Evening #: _____

☐ This person has permission to pickup my child. Mobile/Pager #: _____

Contact #4 name: _____ Relationship to child: _____

Address: _____ Daytime #: _____

Employer: _____ Evening #: _____

☐ This person has permission to pickup my child. Mobile/Pager #: _____

School Attending: _____ School Grade this August: _____

Family Doctor: _____ Phone # _____

List any reason (if any) why it would be difficult for your child to participate in the program: _____

If anyone needs any reasonable accommodations, please contact ADA Coordinator within 24 hours at 704-920-5111.

Indicate child's residence: _____ City of Concord Resident (\$350.00) _____ Non City Resident (\$450.00)

"City of Concord Resident" indicates that applicant resides within the City Limits of Concord.

All applications subject to verification.

Checks should be made payable to City of Concord.

My child has permission to leave the playground premises (other than for organized field trips)

Yes _____ No _____ If yes, please state reason _____

PARENTAL CONSENT INFORMATION:

Must be signed for applicant to participate.

I do hereby grant permission for my child to participate in the above program and release the City of Concord Parks and Recreation Department and its staff from any liability that might occur during the operation of this program. I hereby give consent for emergency treatment as approved by his/her playground leader or other adult escort, in case of illness or injury while participating in the program. I understand that this is to prevent undue delay and assure prompt treatment and that only a licensed physician will be engaged for such an emergency. Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this will make immediate treatment possible.

I understand that in cases of inappropriate conduct, my child can be subject to suspension from the program. Money will not be refunded. I understand that the Summer Playground Program operates from 7:30 a.m. to 6:00 p.m. and that children MUST be picked up NO LATER THAN 6:00 P.M. A \$5.00 per 15-minute rate will be assessed to parents picking up children after 6:00 p.m. I give permission for photographs of my child to be used for City of Concord Parks & Recreation publicity. I understand that providing false information may lead to dismissal from the program with no refunds.

"This institution is an equal opportunity provider."

"I agree to release and hold harmless the City of Concord and its staff from any and all claims for personal injury, property loss or any other loss that may arise out of or during participation in this program."

I have read and fully understand all the above information.

Signature of Parent/Guardian _____

Date _____

Please circle T-Shirt Size:

Youth Medium Youth Large

Adult Small

Adult Medium

Adult Large

Adult XL